

FOURTH CIRCUIT TRANSCRIPT ORDER FORM

Case Style US v. Omar Gomez-Suarez
 Dist. Ct. No. 3:13-486-004 District SC
 Date Notice of Appeal filed 04/11/14 Court of Appeals No. 14-4300
 Name of Court Reporter/Electronic Rec. (use separate form for each reporter) Kathleen Richardson
 Address of Reporter USDC, 901 Richland Street, Columbia, SC 29201

Appellant must order any necessary transcript, completing a separate transcript order form (and separate CJA 24 Form) for each reporter and submitting the order to the court reporter and the district court within 14 days of noting the appeal. The completed form must show that necessary financial arrangements have been made or that the original CJA 24 Form has been submitted to the district court clerk. Copies of the transcript order form must be attached to the docketing statement filed in the Court of Appeals and served on opposing counsel within 14 days of docketing of the appeal, or the appeal will be subject to dismissal pursuant to Local Rule 45. If appellee finds other parts of the proceedings necessary, appellee must designate the additional parts within 14 days after service of the transcript order. If appellant has not ordered the additional parts within 14 days, appellee may, within the following 14 days, order the additional parts or move in the district court for an order requiring appellant to do so. In sentencing appeals, a transcript of the sentencing hearing must be ordered. In Anders appeals, plea (or trial) and sentencing transcript must be ordered. If appellee wishes to obtain a copy of transcript ordered by appellant, appellee must order a copy from the court reporter. In multi-defendant cases involving CJA defendants, only one original trial transcript should be purchased from the court reporter on behalf of CJA defendants, and copies should thereafter be made at commercially competitive rates. Counsel must review transcript and notify the district court of any intention to direct redaction of personal data identifiers within 7 days of filing of the transcript, and thereafter submit a statement of redactions to the court reporter within 21 days of filing of the transcript, as required by the Judicial Conference Policy on Privacy and Public Access to Electronic Case Files. Counsel should verify that the witness name and type of examination appear in the top margin of each page of testimony, as required for inclusion in the appendix on appeal. Local Rule 30(b).

- A. This constitutes an order of the transcript of the following proceedings. Check appropriate box(es), provide date of hearing, and indicate total number of estimated pages. Failure to specify in adequate detail the proceedings to be transcribed is grounds for dismissal. Specific authorization is required under the CJA for opening and closing statements, voir dire, or jury instructions.

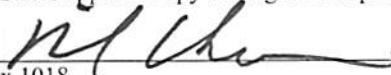
PROCEEDING

HEARING DATE(S)

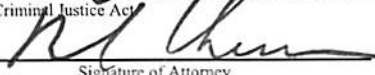
- | | |
|--|-----------------|
| <input type="checkbox"/> Voir Dire | _____ |
| <input type="checkbox"/> Opening Statement (Plaintiff) | _____ |
| <input type="checkbox"/> Opening Statement (Defendant) | _____ |
| <input type="checkbox"/> Closing Argument (Plaintiff) | _____ |
| <input type="checkbox"/> Closing Argument (Defendant) | _____ |
| <input type="checkbox"/> Opinion of Court | _____ |
| <input type="checkbox"/> Jury Instructions | _____ |
| <input type="checkbox"/> Sentencing | _____ |
| <input type="checkbox"/> Bail Hearing | _____ |
| <input type="checkbox"/> Pre-Trial Proceedings (specify) | _____ |
| <input type="checkbox"/> Testimony (specify) | _____ |
| <input checked="" type="checkbox"/> Other (specify) | _____ |
| <u>Sentencing</u> | <u>4/8/2014</u> |

TOTAL ESTIMATED PAGES 30

- B. I certify that I have contacted the court reporter (or court reporter coordinator if electronic recording) and satisfactory financial arrangements for payment of the transcript have been made.
- ☐ Private funds. (Deposit of \$_____ enclosed with court reporter's copy. Check No. _____.)
- ☒ Criminal Justice Act. The original CJA 24 Form has been submitted to the district court clerk and a copy is attached.
- ☐ Government expense (civil case--IFP). Motion for transcript at government expense is pending with district judge.
- ☐ Advance payment waived by court reporter. Payment in full is due upon receipt of transcript.
- ☐ Federal Public Defender - no CJA 24 Form necessary.
- ☐ United States appeal - copy of litigation expense form attached, if applicable.

Signature  Typed name Michael Chesser
 Address PO Box 1018
 Email chesserlaw@gmail.com Telephone No. (803) 646-1166
 Date Sent to Reporter 05/05/14

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR/DIST./ DIV. CODE		2. PERSON REPRESENTED Omar GOMEZ-SUAREZ		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 3:13-486-004		5. APPEALS DKT./DEF. NUMBER 14-4300		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) US v. Omar GOMEZ-SUAREZ		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions)	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 21 USC 841(a)(1) and (b)(1)(A)							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Direct Appeal							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). Attach statement showing specific need. Sentencing 4/8/2014							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  _____ Signature of Attorney Date 05/05/2014 Michael Chesser Printed Name Telephone Number: (803) 646-1166 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. _____ Signature of Presiding Judge or By Order of the Court _____ Date of Order Nunc Pro Tunc Date			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE				Telephone Number: _____			
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original							
Copy							
Expense (Itemize)							
TOTAL AMOUNT CLAIMED:							
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk Date							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court Date						24. AMOUNT APPROVED	